MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	\					
2		\				
3		\				
4		\				
5		\				
6		\				
7						
8						
9						
10	\					
11		\				
12		\				
13		\				
14						
15						
16		\				
17		\				
18		\				
19	\					
20		\				
21		\				
22		\				
23		\				
24	\					
25		\				
26		\				
27	\					
28		\				
29		\				
30	\					
31		\				
32	\					
33		\				
34	\					
35	\					
36		\				
37		\				
38		\				
39		\				
40		\				
41		\				
42		\				
43		\				
44	\					
45		\				
46		\				
47		\				
48		\				
49		\				
50		\				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		\				
52		\				
53		\				
54	\					
55	\					
56		\				
57	\					
58		\				
59		\				
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13					
TOTAL DEP.	46					
TOTAL CLAIMS	59					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS